



BOARD OF MEDICAL EXAMINERS

PO BOX 200513

HELENA MT 59620

(406) 841-2380 or (406) 841-2328

LICENSE #: _____

DATE: _____

STATUS: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

☐ EMT -F - \$10.00 ☐ EMT-B - \$15.00 ☐ EMT-I - \$20.00 ☐ EMT-P - \$30.00

Your EMT license will expire on March 31.

YOU MAY RENEW ONLINE GO TO: <https://app.mt.gov/renewal>

OR do the following steps and renew by mail.

In order to renew your EMT license:

- 1) Complete the renewal application. Incomplete applications will be returned.
- 2) Answer all the disciplinary questions at the bottom of the form.
- 3) Submit a check or money order for the correct fee, payable to the Board of Medical Examiners. **DO NOT SEND CASH.** Canadian and Foreign Residents pay in U.S. funds only. **The Board of Medical Examiners voted to "waive" 1/2 of the renewal fee for the years of 2006 and 2007 for all levels of EMT. The full late penalty fee will be assessed if a licensee renews after March 31.**
- 4) Be sure to sign and date the form.
- 5) Renewal application and fees must be returned to the Board office postmarked no later than **March 31**. A renewal application postmarked after March 31 will be assessed a late renewal penalty fee of \$150.00 as allowed by state law.
- 6) You may not practice as an Emergency Medical Technician in Montana after March 31, until you have renewed your license.

Legislation passed in the 2005 session provides that a licensee has 45 days to renew his/her license after the deadline by paying both the renewal fee and the late fee. Anyone renewing 46 days or more after the deadline may have a complaint file opened, and the possibility of unlicensed practice will be addressed by the Board through its disciplinary process.

For First Responder:

Yes _____ No _____ I have completed a 16-hour DOT curriculum refresher course.

Yes _____ No _____ I have my current registration from the National Registry of Emergency Medical Technicians at the EMT-First Responder, EMT-Basic, I-85, I-99, or the Paramedic Level.

For Basic, Intermediate, or Paramedic:

Yes _____ No _____ I have my current registration from the National Registry of Emergency Medical Technicians at the EMT-First Responder, EMT-Basic, I-85, I-99, or the Paramedic Level.

Work Phone _____ Home Phone _____

Yes _____ No _____ Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your ability to perform as an EMT?

Yes _____ No _____ Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?

Yes _____ No _____ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. 37-1-105, MCA requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____

Date: _____